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NO. 6049 P. 2/3

PART B - FEE(S) TRANSMITTAL

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44444 7590 08/19/2004

BAXTER HEALTHCARE CORPORATION
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Mary Stickle	(Depositor's name)
<i>Mary Stickle</i>	(Signature)
9/24/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/006,205	12/10/2001	Christa Tauri	V-258.00	9038

TITLE OF INVENTION: METHOD OF PRODUCTION OF PURIFIED HEPATITIS A VIRUS PARTICLES AND VACCINE PREPARATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	11/19/2004
EXAMINER	ART UNIT		CLASS-SUBCLASS		
LI, BAO Q	1648		435-239000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

Townsend and Townsend

and Crew LLP

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

1. _____

 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

BAXTER HEALTHCARE S.A.

SWITZERLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1440 (V258) (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status, Sec, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

8/23/04

Patrick Eagleman, Reg. No. 44,665

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PTOL-85 (Rev. 07/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Facsimile Cover Sheet



To: **Mail Stop Issue Fee**
Company: **USPTO**
Phone:
Fax: (703) 746-4000

From: **Mary Stickle**
Legal Assistant
Company: Baxter Healthcare Corp.
P. O. Box 15210
Irvine, CA 92623-5210
Phone: (949) 474-6450
Fax: (949) 474-6330

Date: September 24, 2004

Pages including this cover page: 3

Re: Form PTOL-85, Part B – Fee Transmittal (in duplicate) for
U.S. Serial No. 10/006,205 filed 12/10/2001
Baxter Docket No. V-258.00

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By Mary Stickle
Mary Stickle

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